THE MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE/P.L. 102-321 PLANNING COUNCIL

ANNUAL REPORT FY 2014

SARAH BURNS, CHAIR, MARYLAND ADVISORY COUNCIL

M. SUE DIEHL, VICE CHAIR, MARYLAND ADVISORY COUNCIL

THOMAS E. ARTHUR, COORDINATOR, PLANNING COUNCIL

State of Maryland
Advisory Council on Mental Hygiene/Planning Council

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary, DHMH

October 31, 2014

The Honorable Martin O'Malley
Governor
State House
Annapolis, Maryland 21401

Dear Governor O'Malley:

The Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council submits to you our Annual Report which provides an overview and summary of the activities of this Joint Council during fiscal year 2014. The Joint Council is composed of consumers, family members of persons with psychiatric disorders, mental health professionals, representatives of other state agencies that serve individuals with psychiatric disorders, and other citizens interested in the state's mental health delivery system. The Joint Council holds monthly meetings which include the participation of the Mental Hygiene Administration (now known as the Behavioral Health Administration [BHA]) Executive Director and key agency staff. Its mandated duties are to "advise the Mental Hygiene Administration (MHA) and be a strong advocate of a comprehensive, broad-based approach to the social, economic, and medical problems of mental hygiene".

This has been an eventful year with stakeholder involvement in the Behavioral Health Integration process. We thank you for your support during the legislative session by signing into law the creation of the Behavioral Health Administration through the merger of the Mental Hygiene and the Alcohol and Drug Abuse administrations. We also appreciate your funding and support of the expansion of crisis response services and Mental Health First Aid in Maryland, as well as your attention to our advocacy efforts related to community-based services and support of community behavioral health providers.

The activities detailed in this Joint Council report occurred prior to the merger which took effect on July 1, 2014. The Public Mental Health System (PMHS) recently entered its eighteenth year of operation. (In 2014, more than 153,000 individuals were served, more than double the number since the 1997 inception of the Medicaid 1115 Waiver.) Prior to and during the Behavioral Health Integration process, MHA worked toward maintaining a system that emphasizes excellent care, accountability, recovery, resilience, and valued partnerships while remaining fiscally resourceful.

These goals remain an integral part the Behavioral Health Administration as it continues to emphasize the promotion of wellness and prevention throughout the behavioral health system of care.

Additionally, as part of the behavioral health integration, the Joint Council participated in a workgroup that was convened to develop recommendations to create a Behavioral Health Council. Creating one Council combines the strengths of the Alcohol and Drug Abuse Administration's State Drug and Alcohol Abuse Council and the Mental Hygiene Administration's Joint Council. The Workgroup, which was composed of representatives from both Councils, along with the full Council at combined meetings, participated in developing the final language for the legislation. We look forward to a legislative submission in FY 2015 to implement this process.

The Joint Council will continue monitoring the Behavioral Health system of care, advocating for continued and increased access to services, and promotion of adequate and appropriate wellness and prevention activities.

Sincerely,

Sarah Burns
Chair
Maryland Advisory Council on Mental Hygiene/PL
102-321 Planning Council

Enclosure

cc: John Griffin, Chief of Staff, Office of the Governor
Joshua M. Scharfstein, Secretary, DHMH
Gayle Jordan-Randolph, Deputy Secretary, Behavioral Health, DHMH
Rianna Brown, Acting Chief of Staff, Office of the Secretary, DHMH
Brian Hepburn, M.D., Executive Director, Behavioral Health Administration (BHA)
Rachael Faulkner, Director, Office of Governmental Affairs and Communications, BHA
Allison W. Taylor, Director, Office of Governmental Affairs, DHMH
Kim Bernnardi, Special Assistant, Office of Appointments and Executive Nominations, DHMH
Erin McMullen, Acting Chief of Staff, DHMH Behavioral Health & Disabilities

FY 2014 Members of the Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning Council

MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE

Joshana Goga
Sarah Burns, **Chair**
M. Sue Diehl, **Vice Chair**
Michael Finkle
Gerald Beemer
Joanne Meekins
Livia Pazourek
Robert Pender
Charles Reifsnider
Anita Solomon
John Turner
Dennis McDowell

PL 102-321 PLANNING COUNCIL

Thomas E. Arthur, **Coordinator**
Lynn Albizo
Sheryl Sparer
Dan Martin
Michael Bluestone
Naomi Booker
Ann Geddes
Cathy Marshall
Robert Anderson
Michelle Stewart
Chicquita Crawford
Adrienne Holliman
R. Terrence Farrell
Catherine Drake
Kate Farinholt
A. Scott Gibson
Frank Kolb
George Lipman
Eugenia Conolly
Herb Cromwell
Kathleen Ward
Vira Froehlinger
Ebele Onwueme
William Manahan
Cindy Kauffman
Victor Henderson
Phoenix Woody
Cynthia Petion
Sarah Rhine
Linda Raines
Jacqueline Powell
Julie Jerscheid
Nancy Feeley
Jan Desper
Sharon Lipford
Rebecca Frechard
Alexis Moss
Geraldine Gray

THE MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE/ PL 102-321 PLANNING COUNCIL

OVERVIEW

The Maryland Advisory Council on Mental Hygiene was created in 1976 to serve in an advisory and advocacy capacity in addressing mental health issues in Maryland. The Advisory Council members are appointed by the Governor. The Council was expanded in 1989 to comply with the composition requirements of Public Law (PL) 99-660 and subsequently PL 102-321. The members of this planning side of the Council are appointed by the Mental Hygiene Administration's (MHA) Executive Director. The Council is now designated as the Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning Council and is often referred to as the Joint Council.

The Joint Council operates under by-laws that set forth a committee structure to enhance its ability to monitor progress towards goals included in MHA's (now known as the Behavioral Health Administration [BHA]) State Mental Health Plan and the federal Block Grant application. Committees of the Council include: the Executive Committee, the Planning Committee, the Membership Committee, the Legislative Committee, the Cultural and Linguistic Competency Advisory Committee (CCAC), and the Interagency Forensic Services Committee (IFSC). These ongoing committees, among many other activities, participate in the development of the federal mental health block grant application; promote membership; follow legislative issues; monitor and inform the system regarding issues of cultural competency; and examine issues applicable to persons with serious mental illness, emotional disabilities, incarcerated (or at risk of incarceration) in jails, and detention centers.

Additionally, the Joint Council promotes and facilitates linkages with Core Service Agency (CSA) boards and local mental health advisory committees as they monitor and evaluate publicly-funded mental health services for their local jurisdictions. The Maryland Association of CSAs (MACSA) is represented on the Joint Council by a member who reports on highlights of the progress of the local CSAs.

Finally, in light of Behavioral Health Integration efforts, a workgroup had convened comprised of representatives from the Joint Council and the State Drug and Alcohol Advisory Council to begin a process to develop a behavioral health advisory council. The Behavioral Health Advisory Council Workgroup had been meeting since July 19, 2012. Recommendations were made in FY 2014 toward a model for a combined behavioral health advisory council and accompanying legislative changes.

Annual Report – Fiscal Year 2014

HIGHLIGHTS AND ACTIVITIES

In addition to the duties of Joint Council membership, some members, either as Council representatives or in their organizational capacities, serve on various workgroups and task forces which provide important output into the planning and policy development of the public mental health system. During FY 2014, some of these workgroups impacted areas of: consumer recovery and leadership; behavioral health integration; prevention and wellness; coordination of care and systems of care for youth; older adults; criminal justice; suicide prevention; and state, federal, and local planning activities.

The Council stays informed of Maryland's implementation of Health Care Reform/Affordable Care Act as well as other projects that promote behavioral health integration. During FY 2014, the Joint Council followed closely the progression of events within the PMHS, as well as the process of Behavioral Health Integration, as MHA and the Alcohol and Drug Administration (ADAA) prepared for the merging of these two administrations into the Behavioral Health Administration (BHA), which took place on July 1, 2014. These updates were in the form of reports from the Executive Director of MHA (now BHA) and through various presentations of activities surrounding consumer, family, and children's initiatives throughout the year. Presentations included:

- Models of Integration of Behavioral Health with Primary Care
- Administrative Services Organization's (ValueOptions) quality improvement efforts and data reporting activities such as DataLink and the Outcome Measurement System Data Mart
- Updates on Health Care Reform and its impact on Maryland
- Updates on the Behavioral Health Integration and Medicaid Expansion
- The Maryland Center of Excellence on Problem Gambling
- Updates on overdose prevention initiatives
- State Drug and Alcohol Abuse Council (SDAAC) Committee Reports on Prevention and Workforce
- Brain Injury
- Maryland's Commitment to Veterans
- Updates from Council members, who are representatives of state agencies, on mutual projects that support mental health initiatives

The Joint Council received, as it does annually, an overview of the FY 2014 Maryland Legislative session's mental health activities through the Legislative Committee and other members of advocacy organizations. In preparation for behavioral health budget hearings before the House on February 6th and the Senate on February 7th, the Legislative Committee and the Executive Committee, (Council officers) provided input to two members representing the Joint Council who gave testimony on behalf of the funding needs of a behavioral health system of care.

Throughout the period of change, the Joint Council continued its role of monitoring and supporting the planning efforts of the MHA's Office of Planning and Training (now the Office of Planning for the Behavioral Health Administration – BHA), responsible for the oversight, development, and implementation of the state, local, and federal planning activities.

The Council's Role in the Behavioral Health Integration Process - Behavioral Health Advisory Council Workgroup

During the 2014 Legislative Session of the Maryland General Assembly, several significant health-related pieces of legislation passed. One of them included HB 1510, Behavioral Health Administration, which established in statute the merger of the Alcohol and Drug Abuse (ADAA) and Mental Hygiene (MHA) administrations into the Behavioral Health Administration (BHA). The bill took effect July 1, 2014.

In alignment with the merger of the BHA, the two Councils for mental health and substance use disorders have facilitated a process to create one "Behavioral Health Advisory Council". Efforts are underway to repeal prior state statutes for the mental health and substance use councils and replace with statute which would delineate the parameters for the behavioral health advisory council.

After an initial meeting of the Councils' support staff and the DHMH Deputy Secretary of Behavioral Health and Disabilities, the Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council (Joint Council) and the State Drug and Alcohol Abuse Council (SDAAC) formed a Behavioral Health Council Workgroup to:

- Clarify what a Behavioral Health Council should look like
- Eliminate duplication in design/structure and in membership
- Define a model to present to both Councils
- Repeal prior state statutes and replace with statute that would delineate the parameters for one Behavioral Health Council

Leading participants in the Joint Council (including the Chair, Vice Chair, and Coordinator) and the SDAAC were invited to represent their memberships. The ADAA representative to the Joint Council also participated in this Workgroup. Prior to the first Workgroup meeting, support staff from MHA and ADAA developed a matrix that highlights/crosswalks information on the state/federal legislation of both councils, and compares the roles/duties/bylaws, membership, meeting frequency, appointments/terms as well as other key issues. This had become a useful resource as the Workgroup moved toward its goal of developing recommendations toward creating a behavioral health advisory council. In early 2013, the Workgroup, through a joint effort between MHA's Joint Council and the SDAAC, submitted an application and was invited to join the State Planning Council National Learning Community Technical Assistance Project. Maryland was among eight states' Planning Councils awarded this grant, which allowed the group to share ideas with other states that were making similar changes in the structure of their mental health advisory councils. This was an opportunity to share ideas, model concepts

and move toward the development and implementation of a model of Council integration that was right for Maryland.

The Workgroup continued to meet throughout FY 2014 and planned next steps which included holding combined meetings and a combined retreat. The retreat, which discussed these next steps in combining the two councils, was held in February of 2014. The task of the retreat was to gain a consensus on moving forward, and examine all viewpoints so that decisions and recommendations could be made. Group and break-out group discussions included the topics of purpose, mission/key functions, and accountability, advocacy, membership, meeting structure, and committee structure. The Joint Council and SDAAC held three combined meetings (December, March, and June) thus far in FY 2014, with a fourth meeting scheduled for September.

During the June meeting, a proposed structure was presented to the combined Council membership and feedback was submitted to Workgroup members who met on July 10, 2014 with the Director of the Office of Governmental Affairs and Communications, BHA, to finalize recommendations toward crafting language in Maryland statute that would establish the behavioral health advisory council. The following areas were addressed:

- Mission/purpose
- Membership – Government appointment, ex-officio
- Meeting schedule
- Establishment of a committee structure
- Terms of service
- Leadership selection
- Annual reporting of activities

Until the new legislation for one behavioral health advisory council is finalized, the two Councils will have combined meetings quarterly. The Maryland Advisory Council on Mental Hygiene/PL 102-321 will continue to meet as statutorily required. The next steps will include drafting a set of by-laws that will detail the operations of the behavioral health advisory council.

Committees of the Joint Council

The following sections provide synopses of the roles and highlights of the various committees during the year.

THE EXECUTIVE COMMITTEE

The Executive Committee of the Council consists of officers – Maryland Advisory Council on Mental Hygiene Chair and Vice Chair, the PL 102-321 Planning Council Coordinators, and chairs of the various committees. This committee sets the agenda for meetings; coordinates activities such as the preparation, review, and approval of testimony before the legislature; and gives final approval of public presentations/documents/reports submitted on behalf of the Council. Additionally, the Committee sets the agenda of presentations to the Joint Council throughout the year which often includes informational sessions on issues pertaining to children, adolescents, adults, and older adults in the Public Mental Health System. This body has, over the years, represented the Council in previous meetings with the Governor's Executive Office, the Secretary of the Department of Health and Mental Hygiene (DHMH), and the Deputy Secretary for Behavioral Health and Disabilities to advise, report, and advocate on current mental health issues. At the end of FY 2012, new officers (Chair, Vice Chair, and Planning Council Co-Coordinators) were elected and will serve two year terms.

THE PLANNING COMMITTEE

The Joint Council operates under by-laws that set forth a committee structure to enhance its ability to monitor the system of care and to gather and share information that helps to inform the planning process and policy making decisions of the Mental Hygiene Administration (now known as the Behavioral Health Administration [BHA]). The Planning Committee, which meets as needed, often after the full Council meeting, is composed of Council officers, committee chairs, consumers, agency members, rights advocacy organization representatives, as well as other members who represent interests across the lifespan. This committee takes on responsibilities on a yearlong timeline and meets not only to fulfill established duties of reviewing planning and implementation documents; but also to research and discuss ways to further impact MHA's future budget planning through focus on key mental health issues and available behavioral health system data.

The duties of the Planning Committee include assisting in the development, review, and final recommendations of: the State Mental Health Plan; the federal Mental Health Block Grant Application (which is an important source of federal funding for many community service programs, evidence-based initiatives, and the system evaluation programs of the public mental health system); plan implementation reports; and the annual reports of local mental health advisory committees. In FY 2014, a series of Planning Committee meetings were held to develop and review these key documents including the Implementation Reports of the FY 2013 State Mental Health Plan, the FY 2015 State Mental Health Plan and the Mental Health Block Grant.

On April 25, 2014, the Planning Committee participated in a public stakeholders' meeting to develop the FY 2015 State Mental Health Plan. This daylong meeting included broad participation of representatives in the area of behavioral health and substance use. Participants, through break-out group discussions, made recommendations in the areas of: prevention; wellness; public education/awareness; substance use and co-occurring disorders; community and recovery supports; behavioral health services for children and youth; criminal/juvenile justice and trauma; quality and performance; and workforce development. Although not all ideas/recommendations were able to become part of the FY 2015 Plan, concepts were incorporated wherever possible. The Planning Committee, which is designated to lead the review process for Joint Council planning priorities throughout the year, was represented in discussions in the public stakeholders meeting.

On June 17, 2014, , the Planning Committee of the Joint Council met, after the full Council meeting, with the MHA Office of Planning staff to review, discuss, and offer feedback on objectives and strategies in the draft FY 2015 State Mental Health Plan and elements of the draft FY 2014-15 Mental Health Block Grant (MHBG) application. The Committee modified, expanded, and strengthened the strategies as appropriate. Committee members made recommendations to enhance the document in areas such as the Consumer Quality Team initiative, the Behavioral Health Integration Program in Primary care, as well as continued efforts around anti-stigma, outreach, training, and recognition of the needs of individuals ages 21-25 for employment, housing, and development of greater independence through methods that enhance self-motivation. Members of the Planning Committee understood the unique position of developing a plan for mental health and co-occurring issues while in the midst of merging with the substance use administration, as of July1, when the plan would go into effect.

Finally, the committee was pleased to read of SAMHSA efforts to support services to address early serious mental illness. Maryland's revision statement in the MHBG includes discussion to utilize the MHBG five percent set-aside to expand the RAISE (Recovery After Initial Schizophrenia Episode) Program.

The full Maryland Advisory Council on Mental Hygiene/ PL 102–321 Planning Council received the report of the Planning Council's recommendation for adoption of the FY 2015 State Mental Health Plan.

MEMBERSHIP COMMITTEE/NOMINATING COMMITTEE

The Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning Council continues to be an important avenue of access for all stakeholders who are interested in monitoring developments in the Public Mental Health System (PMHS) and participating in influencing policy direction for the state. Council members have a key participatory role in: advising the PMHS's operations and policies; advocating for children, youth, and adults; and reviewing state and federal mental health documents. Thus it is important, and legislatively prescribed, that the Joint Council encourage and receive participation from people with a broad foundation of knowledge and experiences.

Although vacancies existed in FY 2014, the Joint Council did not actively recruit new members due to the imminent establishment of the behavioral health advisory council. However, state agency representatives are replaced as needed. The Joint Council meetings are open to the public and interested individuals are invited to attend the meetings regularly.

The Maryland Advisory Council on Mental Hygiene

Three members, were up for re-appointment this spring:

- Sue Diehl – Vice Chair and Mental Health Professional
- Dennis McDowell – Citizen Advocate
- Livia Pazourek – Citizen Advocate

However, because of the imminent change from a mental health advisory council and a substance use council, the DHMH Office of Appointments was in agreement that all current appointees could remain in office until the transition to the new behavioral health advisory council was complete.

The P.L. 102-321 Planning Council

The Planning Council of the Joint Council, welcomed five new state agency representatives who replaced other members, as well as an additional representative from Maryland's Health Benefits Exchange which monitors the activities of the Affordable Care Act implementation in Maryland. The new agency representatives include:

- Michael Bluestone – Developmental Disabilities Administration.
- Rebecca Frechard - Medicaid, Office of Health Services, Behavioral Health Division
- Alexis Moss – Medicaid, Office of Health Services
- Frank Kolb – Maryland's Health Benefits Exchange
- Ann Geddes – Maryland Coalition of Families for Children's Mental Health

The Nominating Committee

Also, due to the development of the behavioral health advisory council, which will replace this Joint Council as well as the State Drug and Alcohol Abuse Council (SDAAC), the current officers will remain in place until the new council is established. Therefore, there was no need for the Nominating Committee to convene in FY 2014.

LEGISLATIVE COMMITTEE

The Legislative Committee's primary function is to keep Joint Council members informed of prominent issues being considered by the Maryland General Assembly. The Council's advocacy leadership diligently urges support for legislation that furthers policies that address the needs of individuals with mental illnesses. The Legislative Committee and the Executive Committee, consisting of Council officers, provided input for the Joint Council's testimony at MHA/ADAA's budget hearings on behalf of the funding and service needs of the behavioral health system. Additionally, the Legislative Committee informs the Council, through progress and final reports, of legislative session activities including the status of bills. The Legislative Review includes updates on proposed/passed bills from the Community Behavioral Health Association of Maryland (CBH), the Mental Health Association of Maryland (MHAMD), the National Alliance on Mental Illness - Maryland (NAMI MD), the Maryland Coalition of Families for Children's Mental Health (MCF), and the Maryland Disability Law Center (MDLC).

In 2014, passage of the following health and mental health-related bills (among others) was noted:

- **House Bill (HB) 1510 - Behavioral Health Administration - Establishment and Duties -** Merges MHA and ADAA in the statute; covers mostly operational and accreditation issues
- **Senate Bill (SB) 198/HB 802 - Maryland Medical Assistance Program - Telemedicine** – Requires full coverage, not only for limited purposes, by Medicaid of telemedicine services
- **SB 606 - Deputy Secretary - Establishment** - Gives the Developmental Disabilities Administration (DDA) its own Deputy Secretary who would also act as DDA's administrator
- **HB 1235 - Community Integrated Medical Home Program** - Primary care-oriented program established to bring together patient centered medical home programs and community-based services
- **SB 882/HB1267 - Assertive Community Treatment (ACT) - Targeted Outreach, Engagement, and Services** - Proposed alternative to outpatient commitment, establishes a DHMH program to ensure specialized intensive services for individuals otherwise subject to court-ordered treatment. Renamed as the *DHMH - Outpatient Services Programs Stakeholder Workgroup*. **SB 622/HB1233 - Health Insurance - Step Therapy or Fail-First Protocol -** Limits the time insurers can require prescription drug protocols, prevents insurers from forcing patients already being effectively treated on medication to undergo the step therapy process; requires clear consumer guidance on overriding the standard protocols
- **SB 620/HB 592 - Mental Health - Approval by Clinical Review Panel of Administration of Medication – Standard,** Loosens the standard under which a person can be involuntarily medicated in a psychiatric hospital

- **HB 413 - Special Education - Individualized Education Program (IEP) Parental Notice Required** - Requires that parents receive oral and written information about rights and responsibilities in context of initial IEP evaluations
- **SB 257 - Task Force to Study Access to Pharmacy Services in Maryland** - Studies availability of pharmacy services upon hospital discharge. Amended to include a behavioral health representative
- **HB 106 - Senior Prescription Drug Assistance Program** - Extends termination date of this cost assistance program
- **HB 813/SB796 - Joint Committee on Ending Homelessness** and **Human Services - Interagency Council on Homelessness** - HB 813 establishes the committee and SB 796 changes and enhances an existing advisory body

The following bill of note did not pass: **SB 262/HB 273 - Mental Health and Substance Use Disorder Safety Net Act of 2014** - This would have expanded crisis services and other essential community supports and services historically underfunded. This bill had considerable support but did not pass for a second year in a row. New strategies will be considered for future submission.

Budget Actions:

This year the budget proposal included the first Behavioral Health Administration budget. Every year stakeholders devote significant advocacy attention to the state mental health budget. This year representatives of the Joint Council provided input, through testimony, at the House and Senate budget hearings to advocate for mental health funding within a behavioral health system of care.

Budget legislation included additional community mental health funding to cover anticipated costs of the Affordable Care Act's Medicaid expansion population as well as for a 4% rate increase for community mental health providers effective January 1, 2015. The budget proposal also made a significant change by transferring funding for Medicaid-eligible mental health services from MHA (now BHA) to the Medicaid Administration. The Behavioral Health Integration Program in Primary Care **(**B-HIPP), a program aiming to support the efforts of pediatric primary care providers to assess and manage mental health concerns in their patients, was not included in the supplemental budget but will continue under other funding. Community mental health programs were excluded from minimum wage legislation, (**HB 295)**, which increased reimbursement for community developmental disabilities providers 3.5% per year each year from FY 2016 through FY 2019.

INTERAGENCY FORENSIC SERVICES COMMITTEE

The Interagency Forensic Services Committee (IFSC) monitors and advises the Behavioral Health Administration regarding the delivery of behavioral health services to individuals who are involved with the criminal and juvenile justice systems, including those who are court-ordered to the Department of Health and Mental Hygiene for evaluation or treatment relative to competency to stand trial or criminal responsibility, and those who have a psychiatric or co-occurring disorder and are incarcerated or are at

risk of incarceration in jails and detention centers. IFSC invites allied agencies (e.g., the Developmental Disabilities Administration, the Department of Public Safety and Correctional Services) to consult with and participate in the activities of this Committee.

In April of 2013, DHMH consolidated the forensic personnel of the Mental Hygiene, Alcohol and Drug Abuse, and the Developmental Disabilities administrations into one office with headquarters at Jessup, Maryland. The OFS is now under the purview of the Behavioral Health Administration.

The FY 2014 activities and future priorities of the Office of Forensic Services are as follows:

- DHMH OFS provided training to evaluators and forensic personnel (new forensic coordinators for facilities) during FY 2013-14.
- Effective October 1, 2013, The OFS took on the responsibility of monitoring activities under Maryland's Firearm Safety Act of 2013. The DHMH OFS will provide a monthly report and information will be placed on the BHA Web site
- Work continues toward the finalization of the Mental Health Procedures manual to be distributed for use by the District and Circuit Courts of Maryland
- DHMH is in the process of developing a database for forensic services to enhance data collection and reporting by DHMH. User training has begun and a Help Desk will be instituted through the OFS.

CULTURAL AND LINGUISTIC COMPETENCY ADVISORY COMMITTEE

The Cultural and Linguistic Competence Advisory Committee (CCAC) consists of a diverse group of members, including consumers, from various racial/ethnic backgrounds, as well as clinicians and administrators who serve minority populations. The CCAC assists BHA in increasing awareness of issues of cultural competence within a system that promotes resilience, recovery, and wellness and works to foster a more culturally competent public behavioral health system.

During FY 2014, the CCAC representatives participated in the workgroup to create the Behavioral Health Advisory Council and helped to shape language which was inclusive of the values and principles of cultural competence within the mission statement and draft legislation. The CCAC leadership has been meeting to begin to develop an action agenda for the coming year. The leadership has identified strategies that will further recruitment and outreach efforts to maintain and strengthen the diversity of the CCAC while being inclusive of members with interests in the area of substance use in light of the merger of the Mental Hygiene and Alcohol and Drug Abuse administrations to form the Behavioral Health Administration.

The by-laws of the Joint Council are on the following pages.

MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE/ PL 102-321 PLANNING COUNCIL BY-LAWS

JOINT COUNCIL BY-LAWS

PURPOSE:

Pursuant to the Annotated Code of Maryland, Health General, Title 10, Mental Hygiene Law, Subtitle 3, and Public Law 102-321, the State of Maryland has established the Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning Council for the purpose of advising the Governor and other State and federal officials on the needs of citizens with mental illnesses and the ways in which the State can meet those needs. The Maryland Advisory Council on Mental Hygiene is mandated by State law to "be a strong advocate of a comprehensive, broad-based approach to the social, economic, and medical problems of mental hygiene." Under federal law, the State Mental Health Planning Council is required "to advise, review, monitor and evaluate all aspects of the development and implementation of the State plan." For purposes of implementing and coordinating the duties of the federal and State Councils, a Joint Council has been established and is herein referred to as "the Council."

Article I: Duties

The Council shall:

1. Advocate for a comprehensive, broad-based approach to meet the social, economic, and medical needs of people with mental illnesses, as mandated by Health General 10-305.

2. Review plans provided to the Council by the Mental Hygiene Administration and submit to the State any recommendations of the Council for modifications to the plans, as mandated by PL 102-321.

3. Monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services, as mandated by PL 102-321.

4. Serve as an advocate for adults with serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems, as mandated by PL 102-321.

5. Submit an annual report of its activities to the Governor and, subject to Section 2-1312 of the State Government Article, to the General Assembly.

6. Submit reports to the federal government, as mandated by PL 102-321.

7. Receive and review annual reports submitted by County Advisory Committees, as mandated by Health General 10-312, and,

8. Serve as a forum for the dissemination and sharing of information concerning the public mental health system between MHA staff, mental health advocates, Joint Council Members, including consumers, and providers of mental health services in Maryland, and other interested persons.

9. Serve as a linkage with other state agencies seeking collaboration for improved mental health services.

Article II: Membership

A. Composition:

1. The Maryland Advisory Council on Mental Hygiene consists of 18 members appointed by the Governor. Representatives include people from a broad range of agencies and groups that are concerned directly or indirectly with mental hygiene, e.g., courts, police, probation offices, clergy, labor, management, legal profession, medical profession, mental health associations, State and local government, private employee groups, local citizens groups, and major socio-economic and ethnic groups.

2. The PL 102-321 Planning Council consists of residents of Maryland, including representatives of (a) the principal State agencies (mental health, education, vocational rehabilitation, criminal justice, housing and social services); (b) public and private entities concerned with the need, planning, operation, funding and use of mental health services and related support services; (c) adults with serious mental illness who are receiving (or who have received) mental health services; (d) family members of adults who are receiving (or who have received) mental health services; and (e) family members of children with serious emotional disturbances, who are receiving (or who have received) mental health services. Members also shall include representatives from local Mental Health Advisory Committees.

3. A minimum of 50 percent of the total membership of the Council will be individuals who are not State employees or providers of mental health services. The Council shall strive to assure the majority of members represent present and former recipients of mental health services and their families, and, further, that the ratio of parents of children with a serious emotional disturbance to other members of the Council is sufficient to provide adequate representation of such children in the deliberations of the Council. The membership of the Council shall be in compliance with PL 102-321, all subsequent amendments, and applicable State laws.

B. Term of Membership:

1. Members of the Maryland Advisory Council on Mental Hygiene are appointed by the Governor to serve three-year terms. A member may be appointed to serve a shorter term when serving the remaining term of a seat vacant due to a resignation. A member who is appointed after a term has begun serves only for the rest of the term and until a successor is appointed and qualifies. At the end of a term, the member continues to serve until a successor is appointed and qualifies.

2. Members of the PL 102-321 Planning Council are appointed by the Director of the Mental Hygiene Administration for three-year terms. Agency/organization representatives of PL 102-321 are chosen by their respective agencies. The selected representatives remain as members of the Council until such time that they leave the agency and/or position or the agency itself selects a replacement for them.

3. Terms of all Council members are staggered so that one third of members' terms end each year.

C. Removal:

1. Members of the Maryland Advisory Council on Mental Hygiene are subject to Article 41, Section 1-203 of the Annotated Code of Maryland that states: "Any member of any State Board or Commission appointed by the Governor who shall fail to attend 50 percent of the meetings of the Board or Commission of which he is a member during any period of twelve consecutive months shall be considered to have resigned and the Chairman of said Board or Commission shall forward or cause to be forwarded to the Governor, not later than January 15 of the year following such nonattendance with the statement of such nonattendance, and the Governor shall thereupon appoint his successor for the remainder of the term. If the member has been unable to attend meetings as required by this section for reasons satisfactory to the Governor, the Governor may waive such resignation if such reasons are made public."

2. Non agency/organization representatives of the PL 102-321 Planning Council who fail to attend 50 percent of meetings during any period of 12 consecutive months shall be considered to have resigned. The Chairperson shall forward or cause to be forwarded to the Director of the Mental Hygiene Administration a statement of nonattendance and a request for removal. If the member has been unable to attend meetings as required for reasons satisfactory to the Director, the Director may waive such resignation if such reasons are made public.

3. In the event an agency/organization representative on the PL 102-321 Planning Council fails to attend 50 percent of the meetings during any period of 12 consecutive months, the Chairperson shall recommend to the head of the agency/organization that the member be replaced. If the agency member has been unable to attend meetings as required for reasons satisfactory to the Director, the Director may waive such resignation if such reasons are made public.

D. Travel Allowance:

Council members whose transportation costs are not reimbursed by an agency, group or organization, and who need financial assistance in order to attend a Council meeting and/or when officially representing the Council at other meetings, are eligible for reimbursement by the Mental Hygiene Administration. Travel expenses shall be consistent with the Standard State Travel Regulations and are dependent upon resource availability. Council members are responsible for completing all expense reporting forms in a timely manner, and submitting appropriate accompanying documentation as required.

Article III: Meetings, Agenda, Voting, Official Records

A. Meetings

The Council shall meet at the times and places that it determines. There shall be at least six meetings per year. Special meetings of the Council shall be authorized by the Executive Committee, at the request of two-thirds of the total Councils' voting members. Ad hoc and standing subcommittee meetings may be convened whenever necessary. If necessary, the Executive Committee or any other committee can meet and converse by telephone when it is not feasible to convene and an immediate decision is required. Decisions reached by telephone shall be recorded as meeting minutes for that date and considered official meeting minutes.

B. Agenda

Any member of the Council may submit to the Chairperson an item for the agenda. Whenever possible, this shall occur at least two weeks before the scheduled date of the meeting. The agenda for regular meetings of the Council shall be distributed to members during the week prior to the scheduled meetings. At the beginning of each meeting of the Council, the Chairperson shall entertain motions for additions or changes in the agenda.

C. Voting

A quorum for any meeting of the Council shall consist of a simple majority of its members present at that meeting. Robert's Rules of Order govern the voting procedures. Only members of the Council are eligible to vote. Members with any conflicts of interest are expected to make a declaratory statement on same and refrain from voting on the issue(s). No member of the Council may cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest.

D. Official Record

The minutes of the Council meeting shall be the official record of the Council. The minutes shall be distributed to all members of the Council and to the Director of the Mental Hygiene Administration within a three-week period following a meeting. After final adoption, minutes will be mailed to all local Mental Health Advisory Committees. All minutes, recommendations, and other materials will be kept on file by the Mental Hygiene Administration. Minutes may be distributed to interested members of the public, providing any and all confidential information has been excised.

Article IV: Support Services

The Mental Hygiene Administration shall provide secretarial, consultant, and other staff services needed by the Council within resource availability. The support staff shall be responsible for obtaining meeting facilities, recording of minutes, disseminating meeting notices, agenda, minutes, reports, etc.

Article V: Officers

A. Chairperson

The Chairperson shall be elected from among the appointed membership of the Maryland Advisory Council on Mental Hygiene. The Chairperson shall serve for two years and may be reelected for no more than two consecutive terms. Elections shall be held annually in June and the term shall begin on July 1 through June 30.

The Chairperson shall be responsible for:

1. Calling and presiding over all joint meetings of the Council;

2. Coordinating the activities of the Council, including preparation of the required State and federal reports;

3. Preparing the agenda for the meeting of the Council;

4. Appointing the Chairpersons and members of the Nominating Committee and the Chairpersons of ad hoc subcommittees;

5. Serving as ex-officio on standing and ad hoc committees, except for the Nominating Committee; and,

6. Representing the opinion of the Council to the public.

B. Vice Chairperson

The Vice Chairperson shall be elected from among the appointed membership of the Maryland Advisory Council. The Vice Chairperson shall be responsible for the Chairperson's duties in the absence of the Chairperson. The Vice Chairperson shall be elected in June and the term shall begin on July 1 through June 30. The Vice Chairperson shall serve for two years and may be reelected for no more than two consecutive terms.

C. PL 102-321 Coordinators

Two persons shall be elected from the PL 102-321 membership as PL 102-321 Coordinators. The Coordinators shall serve for two years and may be reelected for no more than two consecutive terms. The Coordinators shall be responsible for assuring tasks and issues, related to the Council's role, and implementation of the State plan are completed. One Coordinator should be a recipient or former recipient of mental health services or a relative of such an individual.

Article VI: Committees

A. Nominating Committee

The Nominating Committee Chairperson and four other members shall be appointed by the Chairperson. Members shall be selected equally from both Councils. The Nominating Chairperson is responsible for convening the Nominating Committee, soliciting nominations and submitting the Committee's report to the Council in May for elections to be held in June.

B. Executive Committee

The Executive Committee shall be composed of the Chairperson, Vice Chairperson, the PL 102-321 Coordinators and Committee and Ad Hoc Committee Chairpersons. The Executive Committee shall meet on an ad hoc basis. Minutes shall be recorded for all Executive Committee meetings. The Executive Committee responsibilities include, but are not limited to, preparing, reviewing or approving testimony or other public presentations/documents/reports submitted on behalf of the Council when sufficient time does not permit review and approval of the entire Council and timing is of critical importance, etc.

C. Interagency Forensic Services Committee

This Committee shall advise, review, monitor, and evaluate the development and implementation of the State plan applicable to persons with serious mental illness who are incarcerated or at risk of incarceration in jails and detention centers. This Committee may invite others outside of appointed Council members to consult and participate in the activities of this Committee. The Chairperson of this Committee shall be elected by the members of the Committee, with the approval of the Council Chairperson, for a two year renewable term.

D. Local Mental Health Advisory Committee

The duties of this committee include promoting and facilitating linkages with local mental health advisory committees. The Committee may assist in developing specific training programs pertaining to mental health issues and the roles of the committees in local mental health systems. This Committee may invite others outside of appointed Council members to consult and participate in the activities of this Committee. The Chairperson of this Committee shall be elected by the members of the Committee, with the approval of the Council Chairperson, for a two year renewable term.

E. Legislative Committee

The duties of this committee include review and promotion of legislation that impacts on the purpose and responsibilities of the Council. While members do not formally meet, coordinated efforts to deliver reports of legislative activity, particularly during the Legislative session, are made by the Committee chair and other involved representatives of advocacy groups that follow closely the legislative actions, Joint Chairmen Reports, and special studies.

F. Planning Committee

The duties of this committee include participation in a yearlong planning process comprised of plan development, review, and final recommendation of the State Mental Health and Federal Mental Health Block Grant Plans. Also, the committee shall identify focus areas/issues to be monitored and make recommendations to the Council. Additionally, the Committee shall participate in the development of the Annual Report, which summarizes the activities, priorities, and recommendations of the Council and is submitted to the Governor annually.

G. The Cultural and Linguistic Competence Advisory Committee

This Committee shall advise, monitor, and evaluate the development and implementation of initiatives and training opportunities that facilitate increased awareness of and access to services and supports for individuals in the Public Mental Health System that are culturally and linguistically competent. The Committee shall make recommendations that create a more receptive environment for participants/providers across the state to discuss issues of cultural and linguistic diversity in their work places and how to better provide culturally and linguistically competent services and supports to the individuals they serve. This Committee may invite others outside of the appointed Council members to consult and participate in the activities of this Committee. The Committee shall deliver regular updates to the Council. The Chair and Co-Chair shall be elected by the members of the Committee.

H. The Membership Committee

The Committee shall work with MHA, as well as the DHMH and Governor's Offices of Appointments, to encourage participation from people who are legislatively prescribed and who have a broad foundation of knowledge and experiences. The Membership Committee shall support recruitment efforts by exploring ways to promote the interest and involvement of consumers, family members, and individuals with skills or professions connected to mental health and making recommendations to increase membership. The Chairperson of this Committee may be appointed by the Council Chairperson.

I. Ad Hoc Committees and Special Studies/Workgroups

The Chairperson may appoint temporary committees or Council representatives for a specified purpose and time. Upon completion of the task, the committee shall be dissolved. Examples of ad hoc committees are as follows:

1. Ad Hoc Committees

The duties of these committees are to address a specific mental health priority area identified by the Joint Council for review, presentation, and possible advocacy recommendation.

2. Special Studies/Workgroups

The duties of this committee may include an individual(s) representing the Council on various Mental Hygiene Administration or other agency or organization sponsored task forces, workgroups, etc.

Article VII: Amendments

The By-laws may be amended by recommendations of the Executive Committee and two-thirds of the voting members of the Council who are present, provided that copies of the proposed amendments and notice for consideration have been mailed to every member at least two weeks before the date of the meetings, during which adoption of the amendment(s) would be considered.

"The services and facilities of the Maryland State Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provisions of employment and granting of advantages, privileges, and accommodations."

"The Department, in compliance with the Americans with Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from the Department's services, programs, benefits, and employment opportunities."

For copies of the Maryland Advisory Council on Mental Hygiene/Public Law 102-321 Annual Report, contact:
The Behavioral Health Administration
(410) 402-8473